

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	1					
13	1					
14	1					
15	2					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
25	1					
26	1					
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	25					
TOTAL CLAIMS	28					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS
